

KEY BISCAYNE ATHLETIC CLUB REGISTRATION
BASEBALL/ SOFTBALL 2004

<hr/>	<hr/>	FOR OFFICE USE ONLY
PARTICIPANTS NAME	DATE OF BIRTH	LEVEL OF PLAY_____
<hr/>		FEE PAID_____
ADDRESS		DATE_____
<hr/>		RECEIPT #_____
<hr/>		TRYOUT TIME_____
CITY	STATE	TRYOUT DATE_____
	ZIP	

PARENTS NAMES

HOME PHONE

SHIRT SIZE: YOUTH SM MD LG/ ADULT SM MD LG XL
PANTS SIZE: YOUTH SM MD LG/ ADULT SM MD LG XL

GENERAL RELEASE

In consideration of permission granted me/ my child by the Key Biscayne Athletic Club to participate in BASEBALL/ SOFTBALL, I hereby release and discharge the Village of Key Biscayne, Key Biscayne Athletic Club, State of Florida, its agents, employees, and officers, from all claims, demands, actions, judgments and executions which the undersigned ever had, or now has, or may have, or which the undersigned's heirs, executors, or assigns may have, or claim to have, against the Village of Key Biscayne, Key Biscayne Athletic Club, its agents, employees, officers, and its successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of, the described activity.

I hereby request permission for me/ my child to participate in the above described activity with full knowledge that said activity could result in damage or injury to me/ my child. I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

As a Parent or Guardian I acknowledge the receipt of the Key Biscayne Athletic Club "Code of Conduct and Code of Ethics" and will agree that my family will abide by them.

Parent Signature

SPECIAL REQUEST (T-BALL ONLY)_____